

BIOPSY

There is a medical procedure that is common in the diagnosis of Asbestos Related Disease (A.R.D.) that results in the certain death of the subject. It is the procedure known as *biopsy*. This involves taking a sample of tissue usually of the lung. This is to locate and determine the malignancy or non-malignancy of a tumour. It involves cutting at the area involved. When a malignant tumour is disturbed by biopsy there results a process known as *metastasis*. This means the invasion of healthy tissue by diseased tissue. The consequence is a precipitation of acceleration of the cancer and death in the form of *metastatic*, secondary and tertiary tumours follows swiftly, usually within a period of not more than 44 weeks.

The surgeons who practice this are fully aware of the consequences and yet they continue in this murderous procedure. The victim must provide proof of causation in order to effect a claim either for disability allowance or compensation against employers. Poverty and the imminence of death, advice from D.S.S. lawyers and doctors pressurise the victim into succumbing to a biopsy. Should the victim refuse a biopsy he or she is termed as a 'hostile patient', thus prejudicing their case. This eminent advice is given to victims when they are at the most vulnerable stage in their lives. Terrified of the future for themselves and their families the sufferer usually submits.

In this practice what is the doctor's priority? It is obviously not to protect the life of the patient; it is to merely diagnose a killing disease. Should not the physician's overriding priority be to protect the life of his patient? Whatever happened to the Hippocratic Oath? If a cheaper and more humane method of diagnosis were available should not that be used? A biopsy involves the employment of at least nine people in theatre and the cutting into living flesh. It is a costly and murderous affair.

The CAT or CT scan (COMPUTERISED AXIAL TOMOGRAPHY) is cheaper and infinitely more humane. Developments in radiology in the last forty years have always faced the same problem.

When X-rays pass through the soft tissues of the body, minute differences in absorption occur but until the late 1970's no method was available for recording these minute differences satisfactorily.

An apparatus is now available, the EMI Scanner (the CT scan), which analyses by computer the results of passing a very fine beam of X-rays through the body. The minute differences in the densities of the tissues can then be found as a result of this analysis and a picture can be created of these tissue densities on a television screen. It is conclusive in the proof of causation of A.R.D.

There are now two of these machines in Glasgow N.H.S. hospitals. We in Clydeside Action On Asbestos demand that the obscene practice of biopsy ceases and that the CT scan be used. Up to now we have no record of any of our cases (and there are many) using an N.H.S. CT scan. In the absence of that we have been forced to open the CT SCAN FUND to enable our cases to diagnose their illness. Each test costs somewhere in the region of £250 at a private hospital. We ask that because of the availability of the CT scan the B.M.A. should re-assess the ethics involved in the practice of biopsy. It is costly and wasteful in many ways.

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